## Four A's Syringe Access Program (FASAP)



#### Overview

- What is FASAP
- Key services provided
- Who participates in FASAP
- Most recent numbers
- Current political and economic environment
- Current goals and struggles

#### What FASAP Does

- Utilizes the concept of Harm Reduction to reduce the negative impacts of injection drug use
- Provides sterile syringes and clean works (supplies) to injection drug users (IDUs)
- Offers education that IDUs would not otherwise receive:
  - Overdose prevention and response
  - How to reduce the risk of getting a blood borne illness
  - How to access health care before a medical condition becomes emergent (effectively reducing the strain put on EMS and ERS)
  - Referrals to foodbanks, housing, mental health
  - Referral to treatment
- Act as an intermediary between IDUs and the healthcare system

#### What is Harm Reduction?

- Harm Reduction
  - Gives an individual all options
  - Individual chooses the safer or safest option for themselves
  - Our personal opinion is not involved

- Examples of 'reducing harm':
  - Wearing seatbelts while in a car
  - Using condoms during sex

#### Harm Reduction does NOT...

- Condone drug use
  - We recognize that injection drug use is a reality in our community and that Harm Reduction is one way to address the opioid crisis

- Enable drug use
  - The program does not provide IDUs with drugs

#### What Harm Reduction Does

- Opportunity for the individual to become healthier in reasonable steps rather than all at once.
- Reduces the incidence of blood-borne illness
  - such as HIV and Hepatitis C (HCV)
  - each individual is able to use a new syringe each time without sharing with another person

Did you know...

Treating one case of HCV costs over \$81,000?

FASAP services cost approximately \$90,000 for 16,000 exchanges in FY16

#### National Best Practice

- Syringe access programs like FASAP are one of the many tools in prevention that are proven/approved by Center for Disease Control & Prevention (CDC) and the World Health Organization (WHO)
- Using this method, studies show reduction in risk behavior as much as 80%.
  - The U.S. Public Health Service recommends IDUs who cannot/will not stop injecting have access to sterile syringes, free condoms, lubricant, and safer sex information.

## Story #I

Delilah

- Acts as a disposal site for used syringes
  - From injection drug use
  - From diabetic, hormonal treatment, others who inject legal medications
  - This valuable service reduces the number of used, potentially contaminated, syringes in our community

- Acts as an intermediary between IDUs and the heath care system
- FASAP provides referrals pertinent to the needs of participants including:
  - Primary care
  - Specialists (Hepatitis C, HIV, and others)
  - Treatment centers
  - Pharmacological treatment (replacement therapies)
  - Detox
- FASAP staff get to know providers to make tailored referrals to individuals.
  - Ensures the referral is safe, welcoming and that the referral will create a good outcome.

- Provides screenings:
  - Rapid HIV testing
    - We provided 935 HIV screenings in FY16
  - Rapid Hepatitis C testing
    - We provided 261 HCV screenings in FY16
  - Referrals for participants to receive STI screening at other locations

- Provides vital education to a population that often only seeks medical care in an emergency
  - The State of Alaska Section of Epidemiology July 2015 bulletin stated that between 2004-2013 treatment for heroin poisoning (overdose) cost Medicaid \$248,000. This does not account for the cost associated for abscesses, infections, and inpatient detox/treatment.
  - FASAP provides education about overdose prevention and response, safer injection practices to reduce infection, and when to seek medical care before it becomes urgent.

#### Story #2

Joshua

#### In Fiscal Year 2016

- The number of exchanges almost doubled from FY15
  - 9,913 to 17,181
- 477,717 sterile syringes were dispensed with corresponding clean supplies
  - Cottons, tourniquets, cookers, alcohol pads
- 492,147 used syringes were brought to FASAP
  - Safely incinerated through medical waste processing
- We welcomed 979 new participants to the program
  - In addition to the approximately 700 individuals who used the exchange routinely

### In FY16, FASAP served individuals coming from 82 different Alaskan Communities:

- Anchorage
- ChugachikIsland
- Kongiganak
- Atka
- Port Heiden
- Port Lions
- Aleknagik
- Anchor
  - Point
- Aniak
- Bethel
- Chefornak
- Chevak
- Chignik
- Chitina
- Clarks Point
- Cold Bay

- Copper
  - Center
- Cordova
- Crooked
  - Creek
- Dillingham
- Dutch
  - Harbor
- Eagle River
- Eek
- Ekwok
- Emmonak
- Girdwood
- Glennallen
- Holy Cross
- Homer
- Hope
- Iliamna

- Kalskag
- Kasolof
- Kenai
- Kodiak
- King Salmon
- Wasilla
- Mekoryuk
- Mountain
  - Village
- Naknek
- Ninilchik
- Nunapitchuk
- Palmer
- Port
  - **Alsworth**
- Quinhagak
- Red Devil
- RussianMission

- Sand Point
- Seldovia
- Seward
- Nunam Iqua
- SkwentnaSleetmute
- Soldotna
- Stebbins
- Sterling
- Sutton
- Talkeetna
  Togiak
- Togiak
  Tyonek
- Trapper
- Creek
- Unalakleet
- Pilot Station
- Big Lake

- Whittier
- Houston
- Fairbanks
- Clear
- North Pole
- Barrow
- Circle
- Anderson
- Kotzebue
- Noatak
- Nome
- Northway
- Ruby
- Juneau
- Sitka
- Ketchikan
- Valdez
- Willow

#### Who participates in FASAP?

#### GENDER

• Males: 57% (9,714)

• Females: 43% (7,395)

Transgender: <1% (19)</li>

• Unknown: <1% (53)

FY16 statistics

#### Who our participants are (cont.)

#### AGE RANGE

• 19 and under: 1% (148)

• 20-29: 39% (6,793)

• 30-39: 36% (6,183)

40-49: 14% (2,384)

• 50 and older: 10% (1,635)

Unknown: <1% (38)</li>

FY16 statistics

#### Who our participants are (cont.)

#### RACE

<ul><li>White/Caucasian:</li></ul>	62%	(10,585)
<ul> <li>Alaska Native/American Indian:</li> </ul>	24%	(4,061)
• Mixed race (2 or more races):	5%	(831)
<ul><li>Hispanic/Latino:</li></ul>	4%	(650)
<ul><li>Black/African American:</li></ul>	3%	(570)
<ul><li>Asian:</li></ul>	1%	(246)
<ul> <li>Native Hawaiian/Pacific Islander:</li> </ul>	< %	(123)
<ul><li>Unknown:</li></ul>	< %	(115)

# Current Political and Economic Environment

#### Four A's seen as statewide expert

- Consistently consulted for advice in starting, implementing, and monitoring syringe exchange programs
- Participate in statewide events/panels
- Advocate and educate

#### Local, Statewide and National

- Opioid epidemic receiving record media and political attention
- National issue with every state impacted by this epidemic
- Federal ban recently lifted
- State of Alaska recently passed liability exemption for overdose-reversing medication
- Anchorage mayor and assembly have indicated support for preventative services

#### Current Struggles

- Skyrocketing use of injection drugs
  - Through FASAP
    - FY14 distributed 226,267 syringes
    - FY15 distributed 383,590 syringes
    - FY16 distributed 477,717 syringes
- Reduction of funds available
  - Two major funding foundations stretched thin due to nationwide demand
- Federal ban on funding
  - Previously restricted all funding to syringe programs
  - Ban lifted in February, funds can support programs but not purchase actual supplies
  - Current implementation doesn't provide <u>additional</u> funds

#### Current Goals

- Increase individual donor support
  - Operating on a \$25,000 deficit for this program
- Raise 50 syringe limit on exchanges
- Expand access around Alaska
- Expand hours of operation of exchange

# Story #3

Linda

 Addiction, by its very nature, isolates the individual experiencing it.

- FASAP creates a **safe space** for the individual to be vulnerable to discuss mental health, medical issues, housing issues, and other barriers that keep the individual in addiction
- FASAP offers pertinent referrals that are meaningful, reasonable, and accessible.

#### For more information:

Rebecca Morrissey, RN, BSN
 HIV Education and Prevention Coordinator
 907-263-2048
 I-800-478-2437
 rmorrissey@alaskanaids.org

Heather Davis, MPH
 Executive Director
 907-263-2052
 hdavis@alaskanaids.org